

TIME DEPOSIT OPEN ACCOUNT (TDOA) REQUEST FORM	
BANK NAME: _____	
Address: _____ City: _____ State: _____ Zip Code: _____	
Primary Contact Name: _____ E-Mail: _____	
Secondary Contact Name: _____ E-Mail: _____	
TDOA Type: New <input type="checkbox"/> Rollover <input type="checkbox"/> Return Funds <input type="checkbox"/>	
Total Interest-Bearing Treasury Deposits held in Alabama: \$ _____	
Member of SAFE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Amount Requested: \$ _____ Term: 91 <input type="checkbox"/> 182 <input type="checkbox"/> 365 <input type="checkbox"/>	
***Current Rates are available on Treasury Website/Rate changes weekly effective every Tuesday ***	

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
I hereby authorize the Office of Treasury to initiate debit entries for TDOA interest and principal due and/or credit entries for placement of TDOA monies to our account indicated below. This authority remains in full force and effect until such time it is rescinded or altered in writing.

Transit / ABA Number

Account Type
☐ GL
☐ Internal Account

Account Number

Is this account currently set-up with Treasury? Yes ☐ No ☐

Signature of Bank Representative, Listed above as Contact	Date
By signing, I acknowledge that the TDOA Guidelines have been read and understood.	

*** The TDOA Agreement will be E-mailed to bank upon approval of TDOA Request Form ***